

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045474

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 544Registrar's No. 3172

STATE FILE NUMBER

FILED NOV 16 1962

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Kirkwood

Length of stay in lb

9 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

748 N. Woodlawn Ave.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY

OR TOWN

Kirkwood

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)  
748 N. Woodlawn

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

J.

Middle

LOYD

Last

TATE

## 4. DATE OF DEATH

Month

October

Day

30, 1962

Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1/25/85

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Mo. State Hiway Dept.

11. BIRTHPLACE (City and state or country)

Montgomery County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Newton Tate

## 13b. MOTHER'S MAIDEN NAME

Sophia Love

## 14. NAME OF HUSBAND OR WIFE

Alta L. Tate

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Alta L. Tate, 748 N. Woodlawn, Kirkwood, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Thrombosis

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 9, 1962 to Oct. 30, 1962 and last saw him alive on Sept. 11, 1962

Death occurred at 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Charles E. Hoganscamp M.D.

## 22b. ADDRESS

135 W. Adams Ave., Kirkwood, Mo.

## 22c. DATE SIGNED

Nov. 2, 1962

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

11/2/62

## 23c. NAME OF CEMETERY OR CREMATORY

Calloway Memorial Gardens

## 23d. LOCATION (City, town, or county)

Fulton, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Louis H. Bopp, Inc., Kirkwood, Mo.

## 25. DATE RECD. BY LOCAL REG.

11-2-62

## 26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Hoganscamp  
USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

14003

24003

3

40

51

6

70

82

94201

10

11

1290-0

13

99215-100, 02, 1974

**STATEMENT-BY-LICENSED-EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Francis J. Wyland Jr.*

Licensed Embalmer No.

*4512*

P. O. Address

*Richwood, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.